



DFW

PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number

10/666,876

Filing Date

September 18, 2003

First Named Inventor

Ohtomo, Shigekazu

Art Unit

2652

Examiner Name

Allen T. Cao

Attorney Docket Number

16869G-087000US

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | Chun-Pok Leung | | |
| Date | June 24, 2005 | Reg. No. | 41,405 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature | | | |
| Typed or printed name | Joy Salvador | Date | June 24, 2005 |



PATENT
Attorney Docket No.: 16869G-087000US
Client Ref. No.: 340201660US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SHIGEKAZU OHTOMO *et al.*

Application No.: 10/666,876

Filed: September 18, 2003

For: RECORDING/PRODUCING
SEPARATED TYPE MAGNETIC
HEAD

Customer No.: 20350

Confirmation No.: 8892

Examiner: Allen T. Cao

Technology Center/Art Unit: 2652

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 27, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.